

Fig. 1

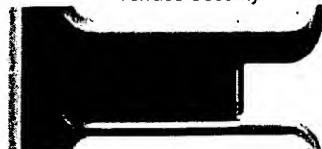
Terrace Security Corporation
Online Applications Management Console



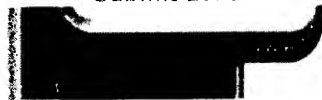
Fig. 2

Terrace Security Corporation
Officer Console

Terrace Security



Clock In/Out
Enter Events
View DAR
Submit DAR



Please enter your badge number and password to continue

Badge Number

Password

Continue

Fig. 3



Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

Clock In/Out

Property

Terrace @ Willowbrook ▼

Time In

Shift Code

425

Radio Number

Comments

435

Clock In/Out
Enter Events
View DAR
Submit DAR
Log Out

Clock In

440

Fig. 4

Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard



Terrace Security

Clock In/Out
Enter Events
View DAR
Submit DAR
Log Out

Enter Event**Open Shifts**

Time In	Time Out	Shift Code	Property
9:18:26 AM	9:22:00 AM	222	Terrace @ Willowbrook
9:39:48 AM	9:42:55 AM	1232	Terrace @ Willowbrook

Add Event

Time Out

1 : 00 AM

Time In

1 : 00 AM

Event Code

1600 - Abandonment of a Child

Comments

Add

Fig. 4A

Terrace Security Application Flowchart

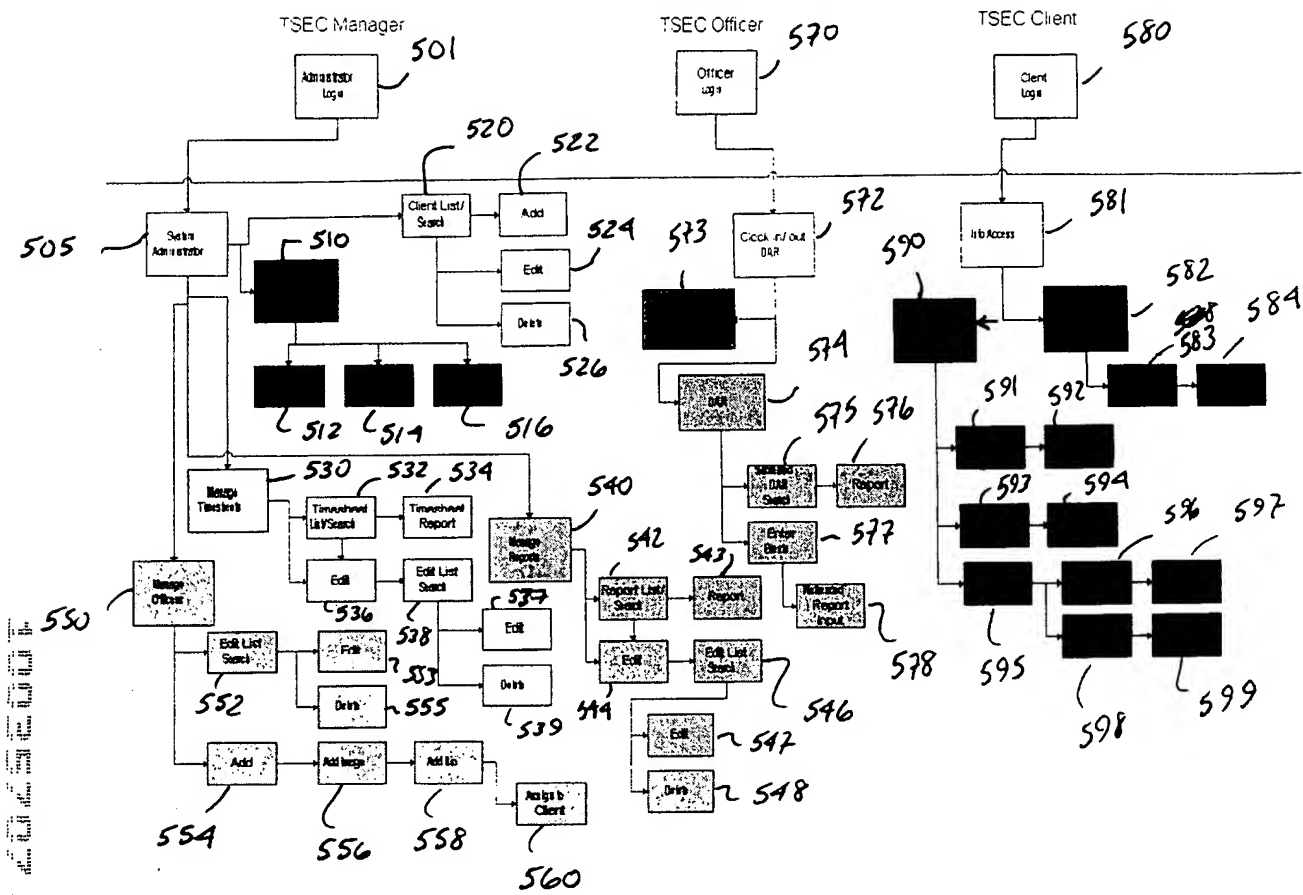


Fig. 5

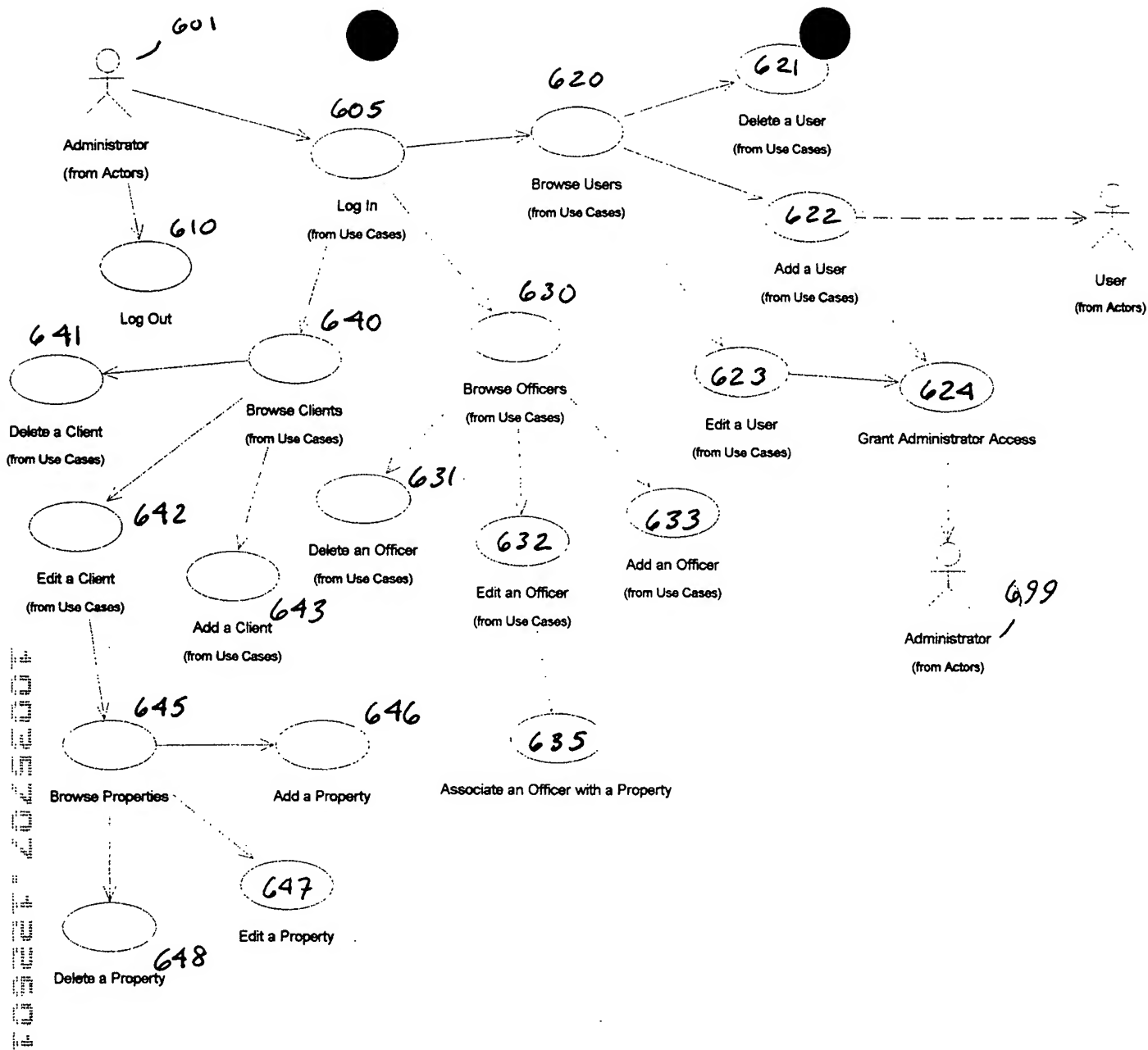


Fig. 6

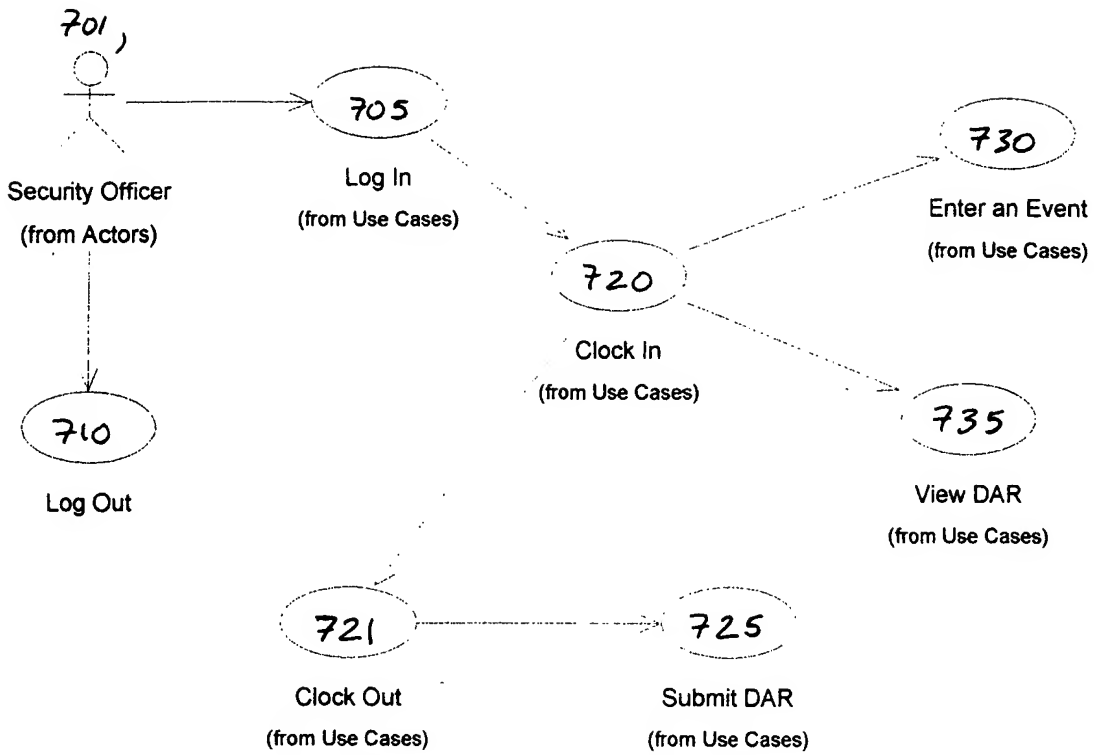


Fig. 7

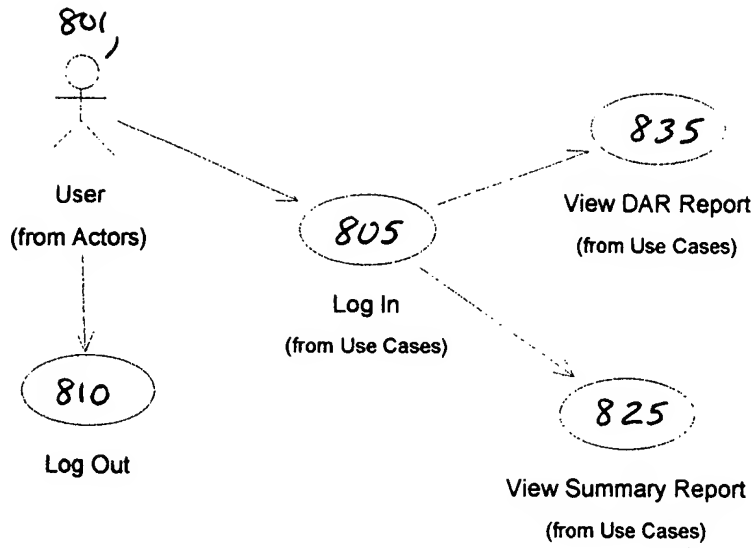
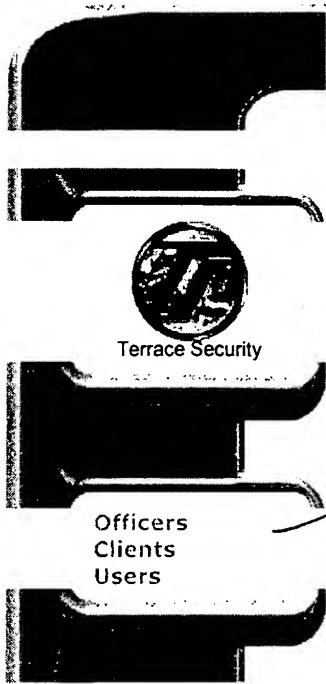


Fig. 8



930

Terrace Security Corporation

Online Applications Management Console

Please enter your User ID and password to continue

901

UserID

Password

910

920

Fig. 9

Terrace Security Corporation
Secured Reporting ConsoleLogged In: Borgman, Steve**Daily Activity Report**

Guard	Property	Date
--All--	--All--	11/22/2000

1010 1020 1040 1030

Show!

Terrace Security

DAR
Summary

Log Out

Fig. 10

Terrace Security Corporation
Secured Reporting ConsoleLogged In: Borgman, Steve**Daily Activity Report**Shift 1

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 12:22:12 PM	10/12/2000 12:22:26 PM
Shift Code	Radio Number
dg	dfg
Comments	
dzfgdzg	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

Shift 2

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:26 PM	10/12/2000 5:03:32 PM
Shift Code	Radio Number
123	123
Comments	
123	

Time In	Time Out	Code	Comments	IR
2:00:00 AM	1:00:00 AM	2927	123	

Shift 3

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:51 PM	10/12/2000 5:04:54 PM
Shift Code	Radio Number
123	123
Comments	
12312312312321	

Time In	Time Out	Code	Comments	IR
4:00:00 AM	3:00:00 AM	2907	123123	

Fig. 11A

Shift 4

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:05:04 PM	10/12/2000 5:05:08 PM
Shift Code	Radio Number
sfe	sdf
Comments	
asdfsad	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Shift 5

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/16/2000 8:22:58 PM	11/17/2000 11:38:04 AM
Shift Code	Radio Number
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605		

Shift 6

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:38:10 AM	11/17/2000 11:40:56 AM
Shift Code	Radio Number
412	234
Comments	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:41:05 AM	11/20/2000 8:01:52 AM
Shift Code	Radio Number
SDF	asf
Comments	
xsg	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Fig. 11B

Shift 8

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/20/2000 8:02:02 AM	11/21/2000 3:12:03 PM
Shift Code	Radio Number
tewt	tet
Comments	
asretae	

Time In	Time Out	Code	Comments	IR
2:03:00 AM	5:00:00 AM	1604	comment	Y

Shift 9

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 3:12:18 PM	11/21/2000 3:17:34 PM
Shift Code	Radio Number
wer	werwer
Comments	
erwer	

Time In	Time Out	Code	Comments	iR
1:00:00 AM	2:00:00 AM	1610	comments	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y

Shift 10

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 3:56:21 PM	11/21/2000 4:07:48 PM
Shift Code	Radio Number
we	wet
Comments	
qr	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607	comment	Y
8:00:00 AM	9:00:00 AM	1604		Y
1:00:00 AM	1:00:00 AM	1605	comment goes here...	Y
1:00:00 AM	1:00:00 AM	1600		Y
1:00:00 AM	1:00:00 AM	1600		Y

Shift 11

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/21/2000 9:09:58 PM	11/22/2000 9:20:43 AM
Shift Code	Radio Number
wr3	wer
Comments	
wrwaer	

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Fig. 11C

Shift 12

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
10/12/2000 5:03:38 PM	10/12/2000 5:03:43 PM
Shift Code	Radio Number
123	123
Comments	
123123	

Time In	Time Out	Code	Comments	IR
7:00:00 AM	6:00:00 AM	2940	12312321	

Shift 13

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
11/22/2000 9:21:02 AM	11/22/2000 9:24:03 AM
Shift Code	Radio Number
1234	12345
Comments	
comment goes here	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1601	comments for the event go here	

Fig. 11D

Terrace Security Corporation
Online Applications Management ConsoleLogged In: Borgman, Steve**Officer Admin**

Last Name	First Name	Badge #	Bio
<input checked="" type="radio"/> Calamari	Manini	111	Cobot teacher
<input type="radio"/> Melancon	Robb	555	
<input type="radio"/> Officer	New	999	
<input type="radio"/> Samson	Freddie	333	editreee
<input type="radio"/> Waggoner	Ian	19	Me
<input type="radio"/> Whipple	Steve	222	--

1210

Terrace Security

1250

Officers
Clients
Users
Log Out

Edit Selected Officer >>

Delete Selected Officer

-OR-

1220

1230

Add New Officer

1240

Fig. 12

Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

Client Admin

Client Name	Contact Name	Phone	Email
<input checked="" type="radio"/> MetroNational	Jeff Jarvis	718-207-4400 x7184	jjarvis@
Properties: property 1, new property- edited, new property 2, new property 3- edited			
<input type="radio"/> General Growth Partners	First Name	555-555-5555	first@first
Properties: Memorial City Mall, Deerbrook Mall, Property 3			
<input type="radio"/> GMH Capital	Properties		

Edit Selected Client >>

Delete Selected Client

-OR-

Add New Client

Terrace Security

Officers
Clients
Users
Log Out

Fig. 13

Terrace Security Corporation
Online Applications Management ConsoleLogged In: Borgman, Steve**User Admin**

Last Name	First Name	User ID	Admin
<input checked="" type="radio"/> Borgman	Steve	steve	Yes
<input type="radio"/> Hays	Wayne	wayne	Yes
<input type="radio"/> Madison	Carmen	carm	Yes
<input type="radio"/> Marois	Doug	doug	Yes
<input type="radio"/> Michaels	Bob	bob	Yes
<input type="radio"/> Vanderbilt	Arthur	arthur	Yes
<input type="radio"/> Waggoner	Ian	ian	Yes

Edit Selected User >>

Delete Selected User

-OR-

Add New User

Fig. 14

Terrace Security Corporation

Officer Console

Logged In: Neely, Bernard

Incident Report

Incident Code/Type
1605 - Aggravated RobberyTSC Case #
8

Location

HPD Case #

Ar

C

Date/Time Reported

12 / 30 / 2000 12 : 00 AM PM

Date/Time Occurred

12 / 30 / 2000 12 : 00 AM PM

Clock In/Out
Enter Events
View DAR
Submit DAR
Log Out

HFD Unit #

What Hospital

Paramedic's Name

Identifying Information #1

Last Name

First Name

MI

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

12 / 30 /

Address

SSN

DL

Employer

Department/Property

Suspect
is Minor☐ Yes ☒ NoParent/Guardian
Notified☐ Yes ☒ No

By Whom

Name of Notified

Time

12 : 00

Identifying Information #2

Last Name

First Name

MI

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

12 / 30 /

Address

SSN

DL

Employer

Department/Property

Suspect
is Minor☐ Yes ☒ NoParent/Guardian
Notified☐ Yes ☒ No

By Whom

Name of Notified

Time

12 : 00

Identifying Information #3

Last Name

First Name

MI

☒ SU ☐ C ☐ W

Residence Phone

Business Phone

DOB

12 / 30 /

Address

SSN

DL

Employer

Department/Property

Fig. 15A

Suspect is Minor	Parent/Guardian Notified	By Whom	Name of Notified	Time
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No			12:00

Vehicle Info #1	Vehicle Info #2	Vehicle Info #3
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W	<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W	<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W
Year	Year	Year
Towed	Towed	Towed
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Make	Make	Make
Model	Model	Model
Color	Color	Color
License Plate #	License Plate #	License Plate #
VIN	VIN	VIN

NARRATIVE

Write a summary of the incident, answering the questions Who, What, When, Where & Why.

FOLLOW-UP

Date: 12/30/2000 Time: 12:00 AM ☒ AM ☐ PM By Whom:

Fig. 15B

**Terrace Security Corporation**
Officer Console**Incident Investigation Report**

TSC Case # _____

Terrace Security

Clock In/Out
Enter Events
View DAP
Submit DAP
Log In**I. GENERAL INFORMATION**Date of Incident: 01 / 01 / 2000 Time of Incident: 01 : 01 am pm Day Of Week: Monday
Date Reported to You: 01 / 01 / 2000 Time Reported to You: 01 : 01 am pm By Whom: _____Property
Name &
Location: _____

Specific Location of Incident: _____



(describe all identifying factors of exact place of incident: measurements, directions, etc.)

II. THE COMPLAINANT - Check one: Tenant Visitor Contractor Employee : Complete Sections I, II, VII & IX

Last Name: _____

First Name: _____

Male Female

Address: _____

SSN: _____

City: _____

State: _____

Zip: _____

Phone #: () _____

Age: _____

Height: _____

Weight: _____

Physical Disabilities: _____

Pregnant? Yes No

If yes, how many months 1

Does Complainant wear glasses? Yes No

If yes, what kind _____

Place of Employment: _____

Position: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: () _____

Fig. 16A

State.

11/9/00 4:18 PM

A. BEFORE the Incident

Carrying anything? ☒ Yes ☐ No If yes, what was being carried? Handgun

B. AFTER the Incident

Describe any visible injury or damage to clothing

☒

Complainant's description of any injury and where on their body it's located

☒

Describe Complainant's reaction to the incident

☒

Describe shoes worn by Complainant

☒

Sole materials: ☐ Leather ☐ Rubber ☐ Vinyl ☐ Wood ☐ Other-describe

Describe heels (height, material, condition):

Overall condition of shoes: ☐ Good ☒ Average ☐ Poor

V. INCIDENT INVOLVING MINORS

Was the minor accompanied by anyone at the time of the incident? ☐ Yes ☒ No If yes, who?

Relationship to Minor

If unaccompanied, was someone responsible for the minor? ☐ Yes ☒ No If yes, who?

Relationship to Minor

Where was this person at the time of the incident?

VI. INCIDENT DESCRIPTION

Fig. 16C

Complainant's detailed description of how the incident occurred (what does the Complainant feel caused the incident?). If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses - do not assume any facts about the incident.



A. Description of the Incident Site

1. Type of Walkway

☐ Floor ☐ Stairway ☐ Ramp ☐ Street ☐ Escalator ☐ Parking Lot ☐ Other - describe

2. Surface material:

☐ Carpet ☐ Vinyl tile ☐ Ceramic tile ☐ Terrazo ☐ Marble ☐ Quarry Tile ☐ Rug
☐ Grass ☐ Concrete ☐ Asphalt ☐ Gravel ☐ Metal ☐ Dirt ☐ Other - describe

3. Foreign substance present? (soda, water, ice, snow, etc.) ☐ Yes ☐ No
 What does substance appear to be?

Describe substance: Color

Odor

Amount

Spill pattern

Describe: Texture

(oily, gritty, bubbly, etc.) Consistency (melted, crushed, solid, etc.)

4. Skid/streak marks ☐ Yes ☐ No Substance on shoes or clothing ☐ Yes ☐ No
 How did substance come to be on the floor?

5. Any other object involved? ☐ Yes ☐ No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present? ☐ Yes ☐ No If yes, describe nature of condition

Fig. 16D

Dimensions

Debris present? ☐ Yes ☐ No If yes, describeC. Lighting Conditions

- 1.
- ☐
- Natural
- ☐
- Artificial - describe

(type of bulb, etc.)

2. Does the complainant feel that lighting was a contributing factor in causing the incident?
- ☐
- Yes
- ☐
- No If yes, explain

D. Weather Conditions

Describe outdoor weather, even if incident was inside

(cloudy, sunny, snowing, raining, etc.)

VII. PHOTOGRAPHSWere photos taken? ☐ Yes ☐ No How many?

By whom?

Date & Time Taken

Where are photos stored?

VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident.

A.

Name

Address

City

State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

☒

Describe any conversation this Witness had with the Complainant

Fig. 16E

DATE 02/26/00

B.

Name

Address

City

State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

☐

Describe any conversation this Witness had with the Complainant

☐

C.

Name

Address

City

State

Zip

Phone #

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

☐

Describe any conversation this Witness had with the Complainant

☐

Fig. 16F

IX. EMPLOYEE INCIDENT

Department

Title

Supervisor

Type of incident: ☐ Injury ☐ Vehicle ☐ Property Damage

Type of injury

Fig. 166



Terrace Security Corporation

Secured Reporting Console

Please enter your User ID and password to continue:

User ID

Password

Handwritten annotations: '1720' points to the User ID field, '1730' points to the Continue button, and '1740' points to the Password field.

Fig. 17

Terrace Security Corporation

Secured Reporting Console

Logged In: Madison, Carmen

Daily Activity Report

Guard ¹⁸²⁰ Property ¹⁸³⁰ Date ¹⁸⁴⁰

Event Code ¹⁸⁵⁰

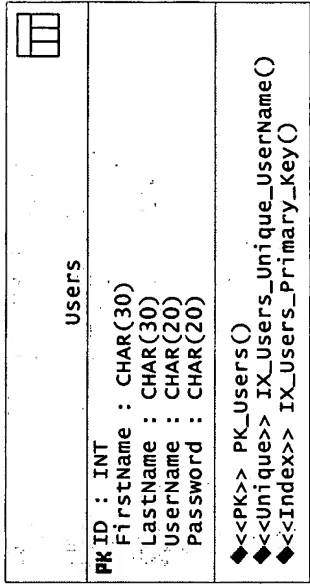
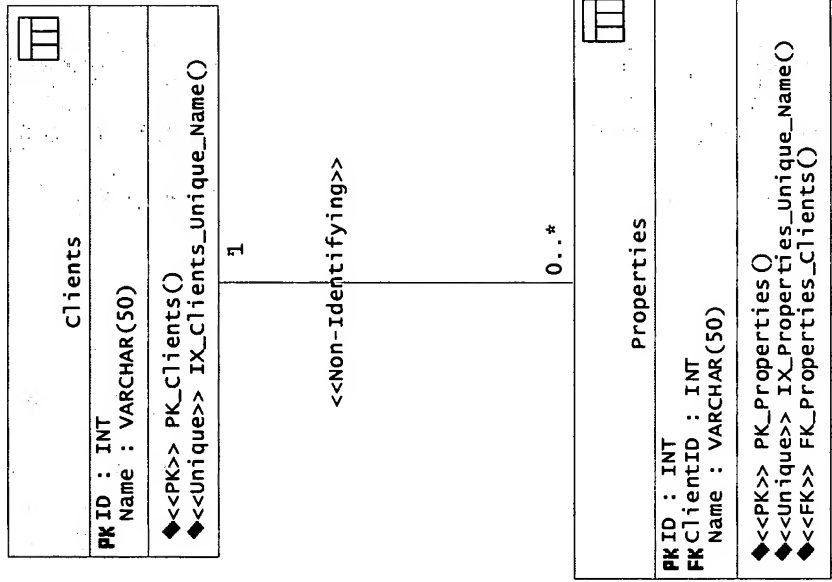
¹⁸⁶⁰

Terrace Security

DAR
Summary ¹⁸¹⁰

Log Out

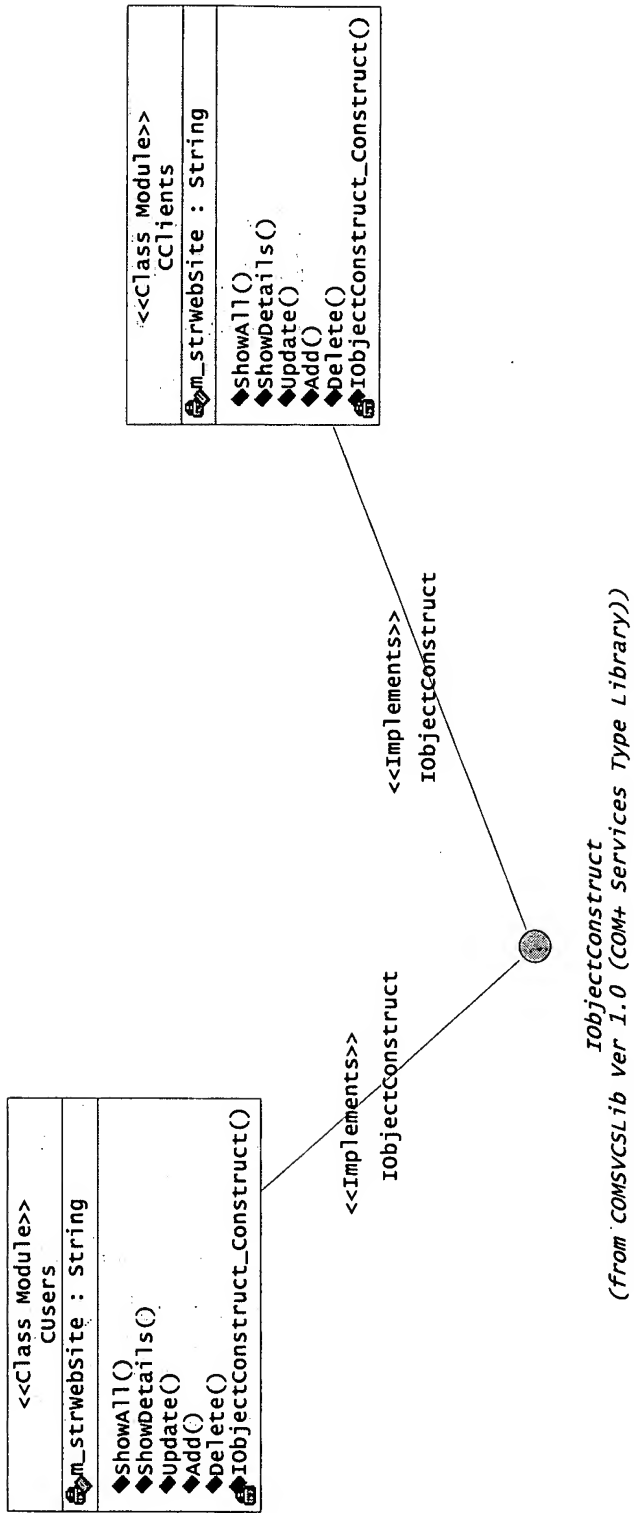
Fig. 18



Database Diagram

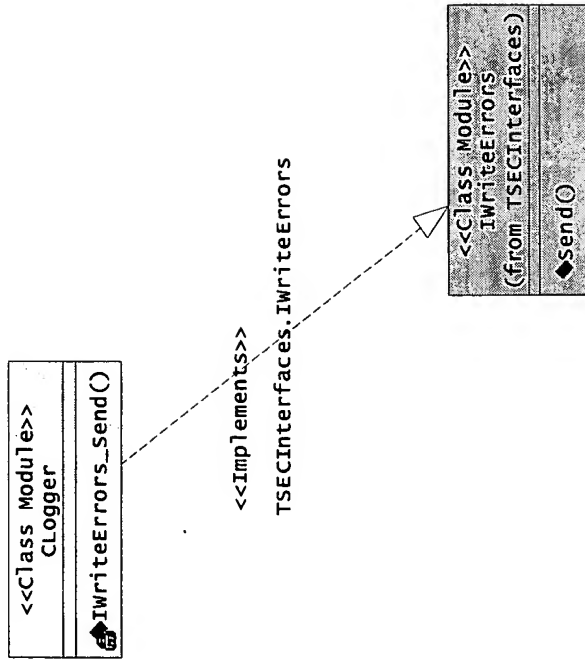
Fig. 19A

Business Services



Business Services

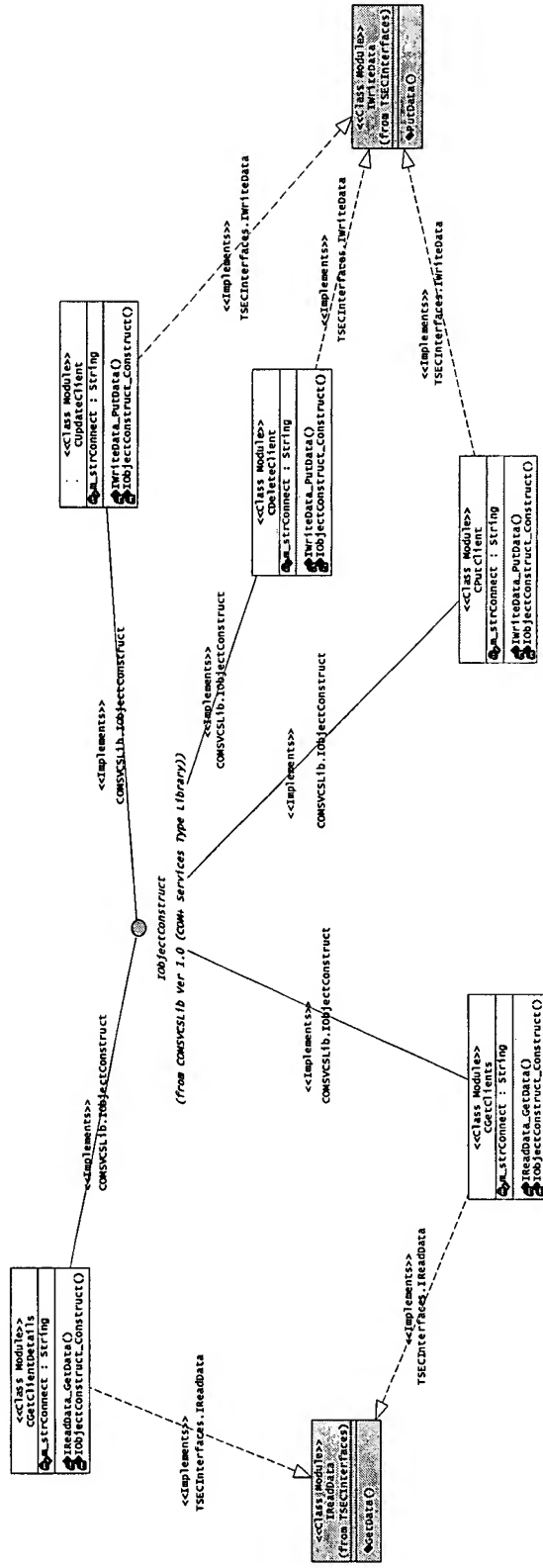
Fig. 19B



Error Logging

Fig. 19C

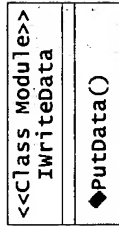
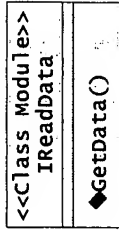
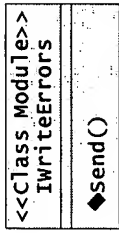
UML Class Diagram illustrating the structure of Client Data Services.



Client Data Services

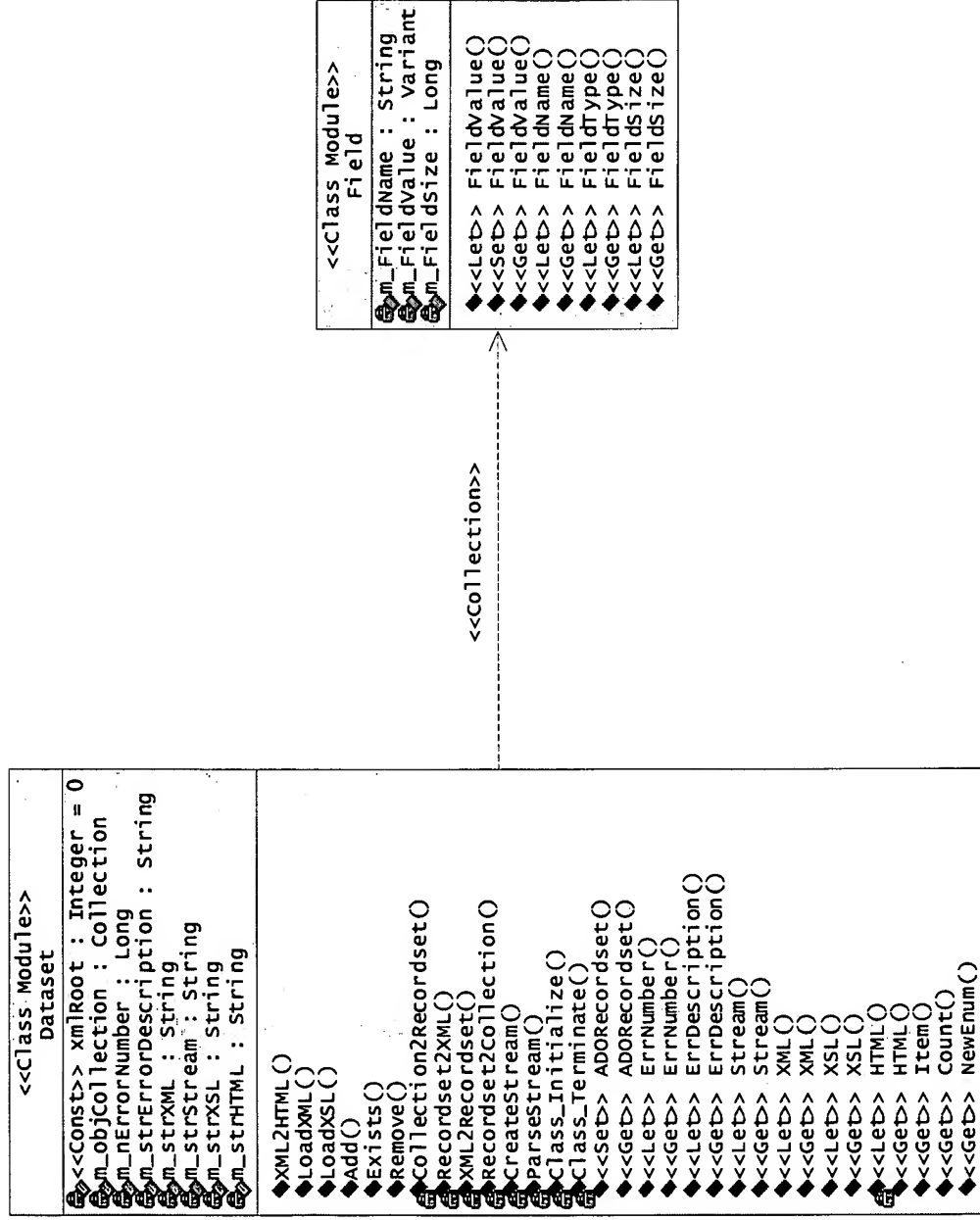
Fig. 19E

UML Class Diagram



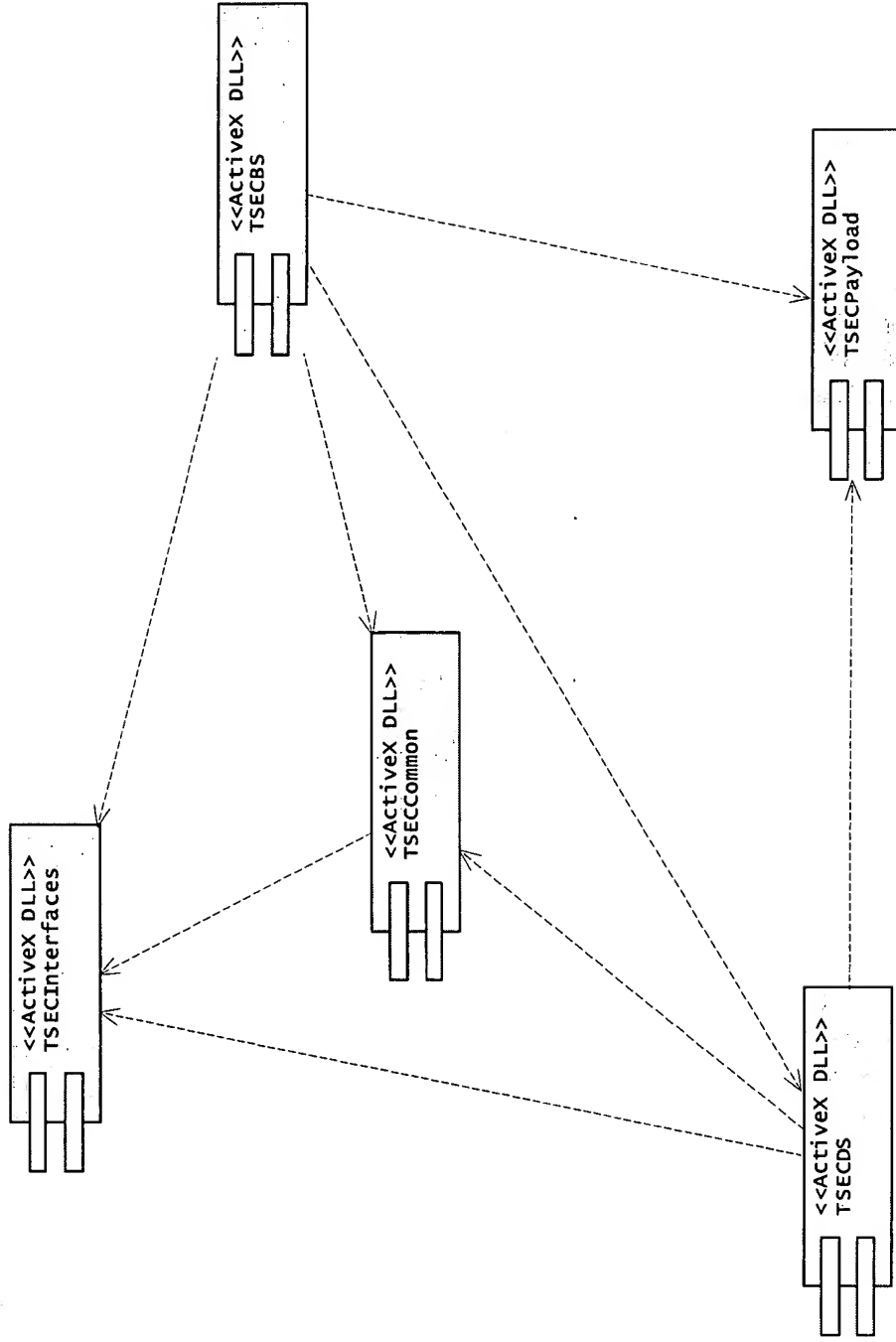
Interfaces & Event Classes

Fig. 19F



DNA Payload

Fig. 196

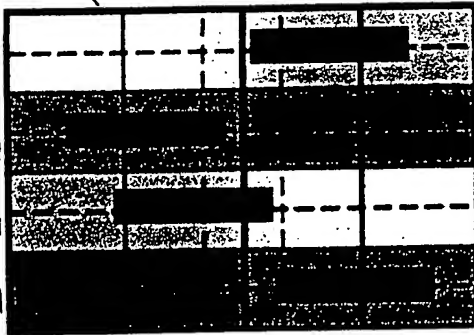


Component Diagram

Fig. 19H

Benchmark

D I S C

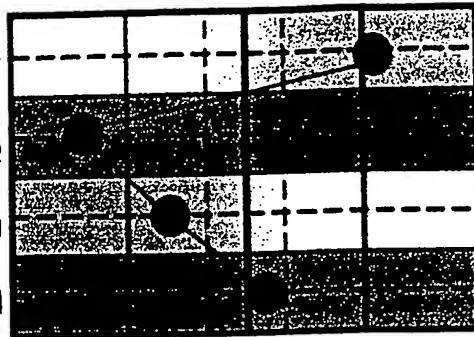


601

Day Security

Anthony Dudley

D I S C



610

Benchmark

D I S C

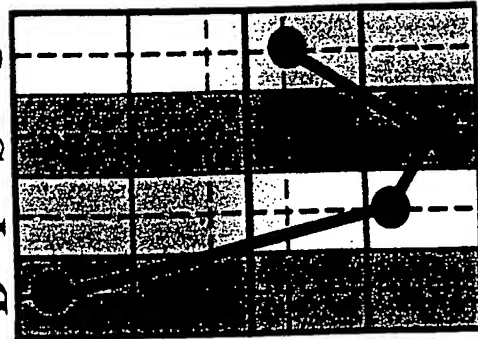


602

Night Security

Eddie Green

D I S C



620

Fig. 20